VERMONT
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH UPDATE
April 22, 2009

Pieces Of History In Vermont Mental Health

The "Pieces of History" series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1986 Vermont's newly constituted Child and Adolescent Service System Project (CASSP) conducted a survey of parents served by community mental health centers to ask what helped them raise their children and what did not. At the top of the unmet needs list was respite (*i.e.*, a planned break). Children with intense needs can drain parental energy and consumer time needed for other children, a spouse, work, and even sleep. Lack of respite can lead to out-of-home placements, breakdown of a marriage, and loss of employment.

Vermont applied for and received two consecutive federal grants to develop and begin a statewide respite program (1988-90 and 1991-92). Workers were trained with a curriculum developed jointly by the Vermont Federation of Families, staff from DMH and DAs, and the nationally recognized consultant Richard Donner. In early 1996, Eric Bruns' Vermont Family Services Study *Impact of Respite Care Services on Families with Children Experiencing Emotional and Behavioral Problems* helped us to realize that respite can be more than a support to families; it can also be therapeutic. Funding from the state legislature and through the federal mental health bock grant has sustained this important service.

ADULT MENTAL HEALTH

NAMI-Vermont Introduces New & Planned Initiatives

Larry Lewack, Executive Director for the National Alliance on Mental Illness of Vermont (NAMI-VT), was a recent presenter at a series of "Learning Groups" presentations offered to the Department of Mental Health's staff. Mr. Lewack presented new and planned initiatives for 2009 and 2010. In late 2008, NAMI-VT introduced a new Consumer Council mobilized by two consumer members, to advise the Board of Directors of NAMI-VT on programs and services. The group currently meets monthly via conference call, with two face-to-face meetings planned for 2009. Given Consumer Council interest and support, in May, NAMI-VT will be training persons living with

psychiatric disabilities in team of two and three to lead weekly peer support groups in at least four Vermont Communities. These "Connection Groups" will be offered in the Burlington, Montpelier, Bennington, and Randolph areas by this summer, with additional groups planned following the completion of a 2nd training cycle in Fall 2009.

NAMI-VT is also working with representatives from the Vermont Federation of Families and Children's Mental Health and the Vermont Family Network to develop and plan a new class for young families. The program would be designed to empower parents of children and youth experiencing severe emotional and behavioral disorders to understand and advocate for their children's best interests, using the NAMI model. NAMI-VT is hopeful to offer a pilot course in at least two Vermont communities by Spring 2010. NAMI-VT also anticipates ongoing collaboration with Vermont Vet-to-Vet, a military veterans support organization, in the upcoming year to promote their peer work on behalf of veterans with dual diagnosis issues. In this spirit of collaboration, NAMI-VT hopes to strengthen its outreach to the military families to help them cope with the symptoms of PTSD and other mental health conditions which are now becoming prevalent in returning veterans. Mr. Lewack also identified that the NAMI-VT website is now ranked 3rd in the nation in the number of inquiries in search of mental health resources and information. Kudos to NAMI-VT for this recognition.

Mr. Lewack also took the opportunity to remind DMH staff of NAM's "Walk for the Mind of America" event that will be in May and their current projection of over 150 sponsored participants despite the current economic downturn. Information about this event and the NAMI-VT organization may be found at their website www.namivt.org.

The "DMH Learning Groups" are an opportunity to share and develop knowledge about programmatic, clinical and operations areas. The meetings also offer a chance for community groups to present specific information to DMH staff. The meetings occur on the third Thursday of the month from 12pm to 1pm and will be "brown bag" (bring your lunch). Anyone interested in being a presenter in the series should contact Patty Breneman at patty.breneman@ahs.state.vt.us or (802) 652-2033.

CHILDREN'S MENTAL HEALTH

2009 Recommendations

Representatives of the Act 264 Advisory Board are conducting a series of meetings with relevant Commissioners and agency Secretaries to discuss their 2009 recommendations for the interagency system of care for children and adolescents with disabilities. The Board wants everyone to understand why the 2009 recommendations look somewhat different than in the past.

Under the 2005 Interagency Agreement (IA), all entities under Act 264 expanded their scope from children and adolescents with a severe emotional disturbance and their families to cover children with any of the 14 disabilities under Special Education law. Even before the 2005 agreement, the Board had heard for years that it was very difficult for the interagency system of care to meet the needs of children with co-occurring

Developmental Delays (DD) because children were not a funded priority population for Developmental Services. The Board also listened to feedback from the State Interagency Team in 2008 that some system recommendations would take more than one year to accomplish and the Board should think further out for this type of change. It also appeared to the Board in 2008 that the issues around services to children with DD were complex, significant, and could not be ignored.

Therefore, the Board decided to take one year to investigate the situation. Members of the Board then conducted a series of individual interviews with various providers, advocates, and parents; members read published reports by DAIL and data from the service system; the topic was the focus of full-day information gathering meetings in September and October 2008 with Commissioners, SIT, LITs, and advocacy groups; and the Board focused its own discussions over several months on the topic. In the end, the Board felt the need to write a short white paper in addition to the customary *Executive Summary* to suggest a small portion of the history, hard work, and complexity of the situation behind the recommendations.

The Board understands that all of state government is currently focused on surviving the economic situation and has to look at new ways to operate to achieve the desired outcomes with limited resources. While we are all re-examining these major issues, the Board believes it is imperative that we keep this population of young Vermonters, their families, and the interagency system of care in mind for 3 reasons. (1) Research shows that families with a child who has a disability are more vulnerable to hard economic times than other families. (2) Supporting individuals and families appropriately at a young age can reduce poor outcomes and the costs associated with them further down the line. (3) It is important to avoid interagency confusion and cost shifting if the interagency system of care is to be effective and efficient. You are invited to read the Board's white paper and *Executive Summary* at http://healthvermont.gov/mh/boards/cafu/act-264-advisory.aspx.

FUTURES PROJECT

Care Management Steering Committee: Consensus Reached

Participants at the April Steering Committee meeting formulated two important consensus areas for next steps to develop a state-wide clinical services care management design.

- A representative form of steering committee should be set up to guide further development of the care management system. Representatives from key stakeholder groups would speak for their constituencies at these meetings in order to create a more effective decision making process on key policy issues.

- A common language defining key levels of care capabilities and matching client characteristics should be developed and used by all parties. The LOCUS could be used as a starting point, but should be modified and expanded upon to match Vermont realities.

The consulting team is revising the draft report to reflect changes suggested by stakeholders. With this "final draft" report we will begin the next phase of the project in which we will task the newly formed representative steering committee and associated clinical operations groups to work on specific tasks that benefit the system of care. One suggested first tasks is to review and adopt the consensus document for medical clearance in hospital emergency rooms proposed by the Vermont Emergency Department Medical Director's Committee.

Stakeholders' Advisory Group Meeting for the Meadowview Recovery Residence

The monthly Stakeholders' Advisory Group meeting for the Meadowview Recovery Residence was held in Brattleboro on April 20th. A report was given on the public hearings for Meadowview that took place on April 13th in Waterbury. The overall impression of stakeholders who attended was that the presentation was well received.

The next planning phase for the Emergency Response Subcommittee was discussed. Empirical evidence for the efficacy of the CPI approach was made available. Brattleboro Police Captain, Michael Fitzgerald, made the suggestion that a debriefing session for any crisis with police intervention be implemented with Meadowview staff and the police. This was deemed a good practice and will be incorporated into the revised protocols. Alternatives for the use of restraint and seclusion were discussed. A meeting of the Emergency Response Subcommittee has been scheduled for May 11th to review emergency protocols.

The Facilities Subcommittee reported on initial research into safe, durable furnishings for Meadowview. The process of permitting and obtaining bids for the trades to work on renovations for Meadowview was described.

Juli will continue to attend the Adult Local Program Standing Committee and work with the Peer Recovery group providing input to the Advisory Group.

The next Stakeholders' Advisory Group Meeting will be held on May 18th from 9:00AM to 10:30AM at the HCRS office at 21 Fairview Street in Brattleboro. For further information, please contact George Karabakakis, COO, at HCRS (802) 886-4567; Ext. 2135

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 48 as of midnight Tuesday.